

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF CHILD MENTAL HEALTH SERVICES
HUMAN RESOURCES DATA**

Agency _____	County NCC K S	Date of Report _____
Program Level _____	State _____	
Program Type SA MH	Sex M F	DOB _____
Staff Name _____	Years Experience in Field _____	Start Date _____
List Previous Names Used (If applicable) _____	Years Working with Children/Adolescents _____	Hours per Week _____
Social Security Number _____ (Necessary for Primary Verification-Unaccredited Agencies Only)	<u>Employment Affiliation</u> 01 Full Time 02 Part time/Contract 04 Student, Intern 05 Volunteer	<u>Primary Job Function</u> 1 Direct treatment 2 Supervision 3 Non-direct service
<u>Race</u> 00 American Indian 01 Alaskan Native 02 Asian/Pacific Islander 03 Black/African American 04 White 08 Other	<u>Ethnicity</u> 01 Hispanic - Mexican 02 Hispanic - Puerto Rican 03 Hispanic - Cuban 04 Other Hispanic 05 Haitian 06 Not of Hispanic or Haitian origin	<u>The above function is:</u> 4 Supervised by the agency 5 Completely independent of supervision
<u>Highest Degree Held</u> 01 Less than high school 02 High school or GED 03 Education beyond high school/No degree 04 Associate degree 05 Bachelor's degree 06 Master's degree 07 Doctorate	<u>Degree(s) Held</u> _____ _____	<u>Professional Licensure</u> All Professional Licenses _____ _____ State(s) _____ Number(s) _____
<u>Discipline/Training/Profession</u> 01 Psychiatrist 02 Psych/MH nurse practitioner (APN or CNS) 03 Licensed psychologist 04 LCSW, LPCMH, LMFT, LCPD 05 MH or SA counselor (Master's Degree) 07 Certified substance abuse counselor (CADC) 08 Other MH or SA professional(BS,BA) 09 MH or SA worker with less than BS/BA 10 Registered nurse 13 School teacher 14 Activity therapist (e.g., art, music, dance, recreational, or occupational therapist) 16 Speech Therapist	<u>Language(s) (other than English)</u> _____ _____	<u>Professional Certification</u> National _____ _____ State(s) _____ Number(s) _____
	<u>Income from Organization</u> 01 No income 02 Less than 5,000 03 5,000 to 19,999 04 20,000 to 34,999 05 35,000 to 49,999 06 50,000 to 64,999 07 65,000 to 79,999 08 80,000 or more	Criminal Background Check ___ Yes ___ No
	<u>Fringe Benefits</u> 01 None 02 Yes	<u>Date Fingerprinted</u> _____ _____
		<u>DCMHS Therapist Code (Five Digits)</u> _____ _____
		<u>Separation Date</u> ____/____/____